

**UNIVERSITY OF CALGARY
ROTATION – RESIDENT EVALUATION REPORT
REHABILITATION**

Please return this form to:

Karen Rimmer, Peter Lougheed Hospital

Block #: _____

Resident: _____ Level of Training:

Rotation: _____ From _____ to _____,

Name(s) of person(s) consulted in preparing the evaluation:

	Fails to meet expectations 0	Meets expectations for level of training 1=partly 2=fully		Functions at the level of a staff respirologist 3
MEDICAL EXPERT				
Demonstrates knowledge of the components of a successful rehab program:	0	1	2	3
a. Patient selection (inclusion/exclusion criteria)	0	1	2	3
b. Baseline assessment	0	1	2	3
c. Exercise prescription	0	1	2	3
d. Definition of overall benefit	0	1	2	3
e. Definition of expected benefits in terms of exercise	0	1	2	3
Demonstrates use of Stage II exercise to develop an exercise prescription	0	1	2	3
Demonstrates knowledge of the evidence for rehabilitation in respiratory diseases.	0	1	2	3

COMMUNICATOR				
Communication skills (both written and verbal).	0	1	2	3

COLLABORATOR				
Works with a multidisciplinary team to achieve the rehab goals.	0	1	2	3

MANAGER				
Demonstrates knowledge of resource constraints and utilization in the area of rehab	0	1	2	3

HEALTH CARE ADVOCATE				
Brings rehabilitation to patients in a community setting.	0	2	2	3

PROFESSIONAL				
Attitudes, Values and Ethics	0	1	2	3

OVERALL	0	1	2	3
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General Comments:

Identify any special strengths or weaknesses that have been brought to the attention of the resident.

Date

Evaluator's Signature

Resident's Signature